



Barbara Worgess
Director
Kimbal Babcock
Manager

COCONINO COUNTY
DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL SERVICES

REQUEST TO VERIFY GENERAL PERMIT CONFORMANCE
To Operate an On-site Wastewater Treatment Facility Constructed
Under General Aquifer Protection Permits 4.03 – 4.22

AGENCY USE ONLY

DATE RCV: _____

CONSTRUCTED WITHIN 2 YEARS? ☐ YES ☐ NO

LTF DAYS REMAINING: _____

COUNTY FILE # _____

PERMIT # _____

OWNER/DESIGNER _____

APPLICANT (person responsible for overall compliance):

NAME: _____ PHONE/FAX # _____

ADDRESS: _____ CITY/STATE/ZIP: _____

DESIGNER/ENGINEER:

NAME: _____ PHONE/FAX # _____

ADDRESS: _____ CITY/STATE/ZIP: _____

GENERAL PERMITS REQUESTED:

☐ GENERAL PERMIT # _____

☐ GENERAL PERMIT # _____

☐ GENERAL PERMIT # _____

☐ GENERAL PERMIT # _____

☐ GENERAL PERMIT # _____

☐ GENERAL PERMIT # _____

NUMBER OF A312(G) FEATURES: _____

CONFORMANCE WITH INFORMATION SUBMITTED IN NOTICE OF INTENT TO DISCHARGE:
(EITHER A OR B MUST BE CHECKED FOR ITEMS 1, 2, 3)

- ☐ 1A. THE ORIGINAL CONSTRUCTION PLANS SUBMITTED WITH THE NOTICE OF INTENT TO DISCHARGE ACCURATELY REFLECT FINAL LOCATION, CONFIGURATION, AND CONSTRUCTION OF COMPONENTS.
- ☐ 1B. AS-BUILT PLANS ARE ATTACHED CORRECTLY SHOWING THE FINAL CONSTRUCTION AND INSTALLATION OF COMPONENTS
- ☐ 2A. THE ORIGINAL LIST OF EQUIPMENT AND MATERIALS SUBMITTED WITH THE NOTICE OF INTENT TO DISCHARGE IS CORRECT.
- ☐ 2B. A REVISED LIST OF EQUIPMENT AND MATERIALS IS ATTACHED.
- ☐ 3A. THE ORIGINAL OPERATION AND MAINTENANCE PLAN SUBMITTED WITH THE NOTICE OF INTENT TO DISCHARGE IS CORRECT.
- ☐ 3B. A REVISED OPERATION AND MAINTENANCE PLAN IS ATTACHED.
- ☐ 4. OTHER REQUIRED DOCUMENTS ARE ATTACHED.
- ☐ 5. FINAL INSPECTION DATE: _____ PERFORMED BY: _____

NOTE: A CHANGE MADE DURING CONSTRUCTION IN LOCATION, CONFIGURATION, DIMENSION, DEPTH, MATERIAL, OR INSTALLATION PROCEDURE IS ALLOWED UNDER A.A.C. R18-9-A301(D)(1)(e) ONLY IF THE CHANGE CONTINUES TO CONFORM WITH THE SPECIFIC STANDARD IN RULE USED AS THE BASIS OF DESIGN. ANY SUCH CHANGES MUST BE RECORDED ON THE SITE PLAN.



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SYSTEM DESCRIPTION:

SEPTIC LEAK TEST as per R18-9-A314 (If required):

TANK MANUFACTURER: _____ MODEL NAME/NUMBER: _____

WATERTIGHTNESS TEST REQUIRED? ☐ YES ☐ NO

WATERTIGHTNESS TEST SATISFACTORY, IF REQUIRED? ☐ YES ☐ NO

SIGNATURE BY: ☐ APPLICANT ☐ AUTHORIZED AGENT FOR APPLICANT

ENGINEER/DESIGNER SEAL
per AAC R4-30-304.B (If Applicable)

SIGNATURE/TITLE

DATE